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## \*BIBDATASHEET\*

CONFIRMATION NO. 7962

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/000,005	<b>FILING OR 371(c) DATE</b> 11/20/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 0607-1006
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**APPLICANTS**  
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 AA

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/249,882 11/20/2000  
 AA

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 AA

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\***  
 \*\* 01/23/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examining's Signature <i>Allyn</i> Initials <i>AA</i>	<b>STATE OR COUNTRY</b> NM	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
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**Verified and Acknowledged**

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**TITLE**  
 Device and method to record, store and broadcast specific brain waveforms to modulate body organ functioning

<b>FILING FEE RECEIVED</b> 370	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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